

FLEMINGTON ICE ARENA



Daytime Learn to Skate

FUN!

Tuesdays in November & December

Nov. 14, 21, 28, Dec. 5, 12, 19

Time: 1:45-2:15

6 weeks / \$130

Ages 3-5



ICE SKATE!

LEARN NEW SKILLS!



Class includes 30 minute instruction, skate rental, and practice time

Student Name _____

Parent/Guardian Name _____

Student DOB _____ Age _____ Male/Female

Address _____

City _____ State _____ Zip _____

Preferred phone _____ Email _____

New to Flemington Ice LTS? Yes / No

Last level passed _____

\$18 USFSA Fee Paid for July 2017-June 2018 ? YES/NO (Must become a member to enroll)

Registration Fee

6 Week session: \$130 +Annual
\$18 USFS membership fee for
2017-18. Makeup policy: 1

class per session;

Must email Skating Director:

Julie@Flemingtonice.com

Sibling discount: 10% after first
child pays in full.

Helmet Policy: It is recommended all skaters wear a bike/hockey/safety helmet and will be left up to the discretion of the parent/guardian. Flemington Ice Arena is not responsible for any injury due to equipment.

Refund Policy: There will be absolutely no refunds issued. Credit will be issued in the event of extended illness or injury upon submission of a doctor's note to the program coordinator, Julie DiLiberto Julie@Flemingtonicearena.com. Credits are subject to management approval. All credits are subject to a \$25 processing fee and will be pro-rated \$19 for each class taken. **One makeup class per session if permitted.** Individual class sizes are limited. Please choose your day and time with care, paying attention to all class dates noted in the schedule. **Classes that do not meet minimum enrollment requirements may be combined or moved to another day.**

Assumption of Risk/Consent for Treatment: I hereby give permission for the above named skater to participate in Flemington Ice Arena's Learn To Skate program. I assume the risks inherent to such participation and further release, absolve, indemnify and hold harmless Flemington Ice Arena, its insurer, the management, director, staff, independent contractors, officers, board of directors and any of its associates from any claim arising out of injury. I further authorize the organization to act for me and on behalf according to his/her best judgment in any emergency or injury to myself or my child requesting paraprofessional or professional medical attention or treatment in the event that I am not available or cannot be reached.

Parent/Guardian Signature _____ Date _____

Payment Method

Cash (Do not mail)\$ _____ Check _____ (Pay to Flemington Ice Arena) \$ _____ Flemington Ice accepts AMEX, MC, Visa, Discover

CVC Code # _____ CC# _____ Exp. Date _____

Authorization Signature _____ Date _____